

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

OMAR TRIPLETT,

Petitioner,

-v-

P. REARDON,

Respondent.

CIVIL ACTION NO.: 20 Civ. 1064 (RA) (SLC)

ORDER


SARAH L. CAVE, United States Magistrate Judge.

The Court is in receipt of the annexed mailing from pro se Petitioner Omar Triplett regarding his “Notice of Appeal” (the “Appeal”) and his requests (the “Requests”) for an extension of time to file a notice of appeal and for leave to proceed in forma pauperis on appeal. As set forth in the Court’s June 1, 2023 Order (ECF No. 83), any appeal is premature at this time. Accordingly, the Requests are DENIED WITHOUT PREJUDICE to renewal at the appropriate time. The Court construes Mr. Triplett’s Appeal as a further objection to the Court’s March 31, 2023 Report and Recommendation (ECF No. 75), which is pending before the Honorable Ronnie Abrams.

The Clerk of Court is respectfully directed to mail a copy of this Order to Mr. Triplett.

Dated: New York, New York
June 7, 2023

SO ORDERED.


SARAH L. CAVE
United States Magistrate Judge

U.S. District Court
Southern District NY

Omar Triplett

- v -

P. Reardon

Affidavit

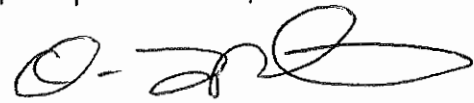
20-cv-1064

I, Omar Triplett - AKA the Doc - am petitioner
in this proceeding. Everything is true; &
on June 1, 2023 I delivered this Appeal
Petition to officer to be delivered to U.S.
Post office

Pursuant to 28 USC 1746

June 1, 2023

Respectfully submitted



Omar Triplett #01A2100
Great Meadows C.F.
P.O. Box 51
Constock NY 12851

Attachment

MY issue is this :

- 1) The whole AEDPA is a Flagrant Violation.
- 2) Ineffective Assistance of Trial counsel in regards to plea
- 3) Utilizing illegally confiscated ~~material~~ material against me.
- 4) Batson Violation & Justice
- 5) Major Prosecutorial Misconduct ~~Dispute~~
- 6) missing or destroyed trial minutes so in all actuality you cannot realistically refute & denied my Argument
- 7) Not charging not responsible because of mental Disease or defect to Jurys
- 8) Not resentencing me in Accordance with the Law of PRS - post release supervision
- 9) Allowing a grossly unqualified Juror to be included and stay in Jury
- 10) Actual & Factual Innocent
- 11) & ANY other stuff I neglected But is all contained in the Past CPL 440 & Fed. Habeas petition

Dated June 1. 2023

O. Triplett
OIA 2023

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Omar (Naff-li) "The Doc" Triplett

(List the full name(s) of the plaintiff(s)/petitioner(s).)

20 cv 1064 () ()

-against-

NOTICE OF APPEAL

P. Reardon

(List the full name(s) of the defendant(s)/respondent(s).)

Notice is hereby given that the following parties:

Omar Triplett - AKA -
The Doctor

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☐ judgment ☒ order entered on: march 31, 2023
(date that judgment or order was entered on docket)

that:

1) Denied my Feb. 7, 2020 initial petition, 2) Denie
of my response To ASST. ATT. General Motion Dated April 22, 2021
(If the appeal is from an order, provide a brief description above of the decision in the order.)

May 31, 2023
Dated

[Signature]
Signature

Omar Triplett #01A2600
Name (Last, First, MI)

Great Meadows Correctional Facility 12821
Address City State Zip Code

518 639-5516
Telephone Number

E-mail Address (if available)

* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.

Rev. 12/23/13

Denie of my Discovery/subpoena petition, & Finally, Denie
of my supplemental Petition Dated Jan. 2-3-2023.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Omar Triplett - "The Doc"

(List the full name(s) of the plaintiff(s)/petitioner(s).)

20 cv 1064 () ()

-against-

P. Reardon

**MOTION FOR EXTENSION
OF TIME TO FILE NOTICE
OF APPEAL**

(List the full name(s) of the defendant(s)/respondent(s).)

I move under Rule 4(a)(5) of the Federal Rules of Appellate Procedure for an extension of time to file a notice of appeal in this action. I would like to appeal the judgment

entered in this action on March 31, 2023 but did not file a notice of appeal within the required

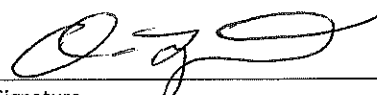
date

time period because:

The court's response came late (April 18, 2023)
& when I requested to appeal or for appealability
papers, I received these enclosed (this) form May 19th
(Explain here the excusable neglect or good cause that led to your failure to file a timely notice of appeal.)

MAY 31, 2023

Dated:



Signature

OMAR (Nafali - or The Doc) Triplett

Name (Last, First, MI)

Great Meadows Correctional Facility P.O. Box 51
Constock NY 12821

Address

City

State

Zip Code

518 639 5516

Telephone Number

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Omar Triplett (The Doc)

(List the full name(s) of the plaintiff(s)/petitioner(s).)

20 cv 6064 () ()

-against-

P. Reardon

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

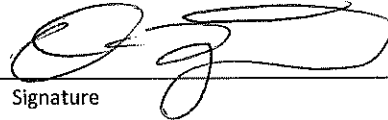
(List the full name(s) of the defendant(s)/respondent(s).)

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma*

pauperis on appeal. This motion is supported by the attached affidavit. see Attached
Financial Paper

MAY 31, 2023

Dated



Signature

OMAR Triplett (The Doc)

Name (Last, First, MI)

Great Meadows Correctional Facility

Address

City

State

Zip Code

P.O. Box 51
Comstock NY 12821

518 639 5516

Telephone Number


E-mail Address (if available)

Application to Appeal In Forma PauperisTriplettv. P. Reardon

Appeal No. _____

District Court or Agency No. 1:20-cv-6064**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: **Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: May 31, 2023

My issues on appeal are: (required):

See Attachment

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ <u>↓</u>	\$ <u>↓</u>	\$ <u>↓</u>	\$ <u>↓</u>
Income from real property (such as rental income)	\$ <u>↓</u>	\$ <u>↓</u>	\$ <u>↓</u>	\$ <u>↓</u>

Interest and dividends	\$ NA	\$ NA	\$ NA	\$ NA
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 0	\$ 0	\$ 0	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA	NA	NA	\$ NA
↓	↓	↓	\$ ↓
↓	↓	↓	\$ ↓

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
NA	NA	NA	\$ NA
↓	↓	↓	\$ ↓
↓	↓	↓	\$ ↓

4. How much cash do you and your spouse have? \$ NA

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>NA</u>	<u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
<u>↓</u>	<u>↓</u>	\$ <u>↓</u>	\$ <u>↓</u>
<u>↓</u>	<u>↓</u>	\$ <u>↓</u>	\$ <u>↓</u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ <u>NA</u>
<u>NA</u>	<u>NA</u>	Make and year: <u>↓</u>
		Model: <u>↓</u>
		Registration #: <u>↓</u>

Motor vehicle #2	Other assets	Other assets
(Value) \$ <u>NA</u>	(Value) \$ <u>NA</u>	(Value) \$ <u>NA</u>
Make and year: <u>↓</u>	<u>↓</u>	<u>↓</u>
Model: <u>↓</u>	<u>↓</u>	<u>↓</u>
Registration #: <u>↓</u>	<u>↓</u>	<u>↓</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NA	\$ NA	\$ NA
↓	\$ ↓	\$ ↓
↓	\$ ↓	\$ ↓
↓	\$ ↓	\$ ↓

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
NA	NA	NA
↓	↓	↓
↓	↓	↓

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

NA	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ NA	\$ NA
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ ↓	\$ ↓
Home maintenance (repairs and upkeep)	\$ ↓	\$ ↓
Food	\$ ↓	\$ ↓
Clothing	\$ ↓	\$ ↓
Laundry and dry-cleaning	\$ ↓	\$ ↓
Medical and dental expenses	\$ ↓	\$ ↓

Transportation (not including motor vehicle payments)	\$ NA	\$ NA
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

NA ☐ Yes ☐ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☐ No

NA If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

12. *Identify the city and state of your legal residence.*

City Comstock State NY

Your daytime phone number: 518 639-5516

Your age: 44 Your years of schooling: roughly 38 years

Last four digits of your social-security number: 4271

Great Meadows Correctional
Facility
PO BOX 51
Comstock NY 12851-0051

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES
GREAT MEADOW CORRECTIONAL FACILITY
INMATE STATEMENT FOR THE PERIOD 03/01/23 THRU 03/31/23

* NAME: TRIPLETT OMAR DEPT ID: 01A2100 CELL LOC: BH-02-B09 NYSID: 07823002M *

CONTINUATION

REASON	DATE IMPOSED	NOTES	TOTAL OWED	COL MTDATE	COL TO-DATE	BALANCE DUE	CNTY/ORI CASE
DISCIPLINARY TIER III	02/22/13	02/15/13	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	03/01/13	2/22/13	5.00	.00	1.80	3.20	
DISCIPLINARY TIER III	03/01/13	2/22/13	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	04/08/13	HD 3/27/13	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	04/08/13	HD 3/27/13	49.00	.00	.00	49.00	
DISCIPLINARY TIER III	04/24/13	HD04/19/13	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	09/11/13	HD08/16/13	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	09/11/13	HD08/29/13	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	12/27/13	HD 11/26/13	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	04/14/14	HD 3/27-4/2/14	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	06/02/14	HD 4/1-4/8/14	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	06/02/14	HD 4/24/14	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	01/22/15	HD 1/9-13/15	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	06/02/16	5/16/16-49	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	09/09/16	7/8/16-49	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	09/21/16	8/26/16-49	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	07/06/17	HD 7/3/17	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	07/18/17	HD 7/14/2017	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	10/03/17	HD 10/2/17	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	10/19/17	HD 10/18/17	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	11/16/17	HD 11/15/17	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	12/04/17	HD 11/28/17	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	09/04/18	8/4/18	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	09/10/18	8/27/18	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	11/05/18	10/26/18	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	11/27/18	11/11/18	5.00	.00	1.14	3.86	
DISCIPLINARY TIER II	01/10/19	12/7/18-49	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	03/22/19	HD 03/14/19	5.00	.00	4.34	.66	
DISCIPLINARY TIER III	04/16/19	04/02/19	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	05/15/19	05/04/19	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	05/23/19	05/17/19	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	05/29/19	05/21/19	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	06/05/19	05/14/19	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	06/10/19	DESTROYED	35.00	.00	.00	35.00	
DISCIPLINARY TIER III	07/14/20	6/27/20-49	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	06/17/21	03/28/21-49	5.00	.00	.00	5.00	
FED FILE FEE USDCNDNY	07/09/21	9:21CV00559	350.00	.00	.00	350.00	
DISCIPLINARY TIER III	08/02/21	07/16/21-49	5.00	.00	.00	5.00	
FED FILE FEE USDCNDNY	10/28/21	17CV656	505.00	.00	.00	505.00	

CONTINUED

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES
GREAT MEADOW CORRECTIONAL FACILITY
INMATE STATEMENT FOR THE PERIOD 03/01/23 THRU 03/31/23

* NAME: TRIPLETT OMAR

DEPT ID: 01A2100 CELL LOC: BH-02-B09 NYSID: 07823002M

CONTINUATION

REASON	DATE IMPOSED	NOTES	TOTAL OWED	COL MIDATE	COL TO-DATE	BALANCE DUE	CNTY/ORI CASE
DISCIPLINARY TIER III	12/22/21	11/18/21-49	5.00	.00	2.55	2.45	
FED FILE FEE USDCNDNY	01/05/22	21 2536	505.00	.00	.00	505.00	
DISCIPLINARY TIER II	03/28/22	3/14/22	5.00	.00	4.74	.26	
DISCIPLINARY TIER II	07/27/22	HD 072622	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	07/28/22	HD 063022/00	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	09/14/22	HD 070122/00	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	02/06/23	HD 091322	5.00	.00	.93	4.07	
DISCIPLINARY TIER II	02/06/23	1/18/23	5.00	.00	.00	5.00	
DISCIPLINARY TIER II	02/27/23	1/18/23	5.00	.00	.00	5.00	
DISCIPLINARY TIER III	02/27/23	1/26/23	5.00	.00	.00	5.00	

* ENCUMBRANCES ESTABLISHED AND PAID IN THE CURRENT MONTH.